County: Li ncol n Facility ID: 3810 Page 1

GOLDEN AGE NURSING HOME 720 EAST KINGS ROAD

TOMAHAWK Phone: (715) 453-2164 Ownershi p: Corporation 54487 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 89 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 105 Average Daily Census: 71 Number of Residents on 12/31/00: 63

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	27. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	50. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	3. 2	Under 65	7. 9	More Than 4 Years	22. 2
Day Services	No	Mental Illness (Org./Psy)	41.3	65 - 74	6. 3	[
Respite Care	Yes	Mental Illness (Other)	4. 8	75 - 84	27. 0		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	49. 2	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	9. 5	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	6. 3	65 & 0ver	92. 1		
Transportation	No	Cerebrovascul ar	11. 1			RNs	16. 9
Referral Service	No	Di abetes	6. 3	Sex	%	LPNs	8. 6
Other Services	No	Respi ratory	1.6			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	25. 4	Male	23. 8	Aides & Orderlies	48. 9
Mentally Ill	No			Female	76. 2		
Provide Day Programming for			100.0			İ	
Developmentally Disabled	No				100. 0		

Method of Reimbursement

		Medi	care	Medi cai d													
		(Title 18)		(Title 19)		Other Pri va		rivate Pay			Managed Care			Percent			
			Per Di	em		Per Die	m		Per Die	em		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	8	100. 0	\$203.31	35	85. 4	\$87.00	0	0.0	\$0.00	13	92. 9	\$135.87	0	0. 0	\$0.00	56	88. 9%
Intermediate				6	14.6	\$72.96	0	0. 0	\$0.00	1	7. 1	\$126.80	0	0. 0	\$0.00	7	11. 1%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Personal Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Residential Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	8	100.0		41	100. 0		0	0. 0		14	100.0		0	0.0		63	100.0%

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services	, and Activities as of 12/	31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	10. 2	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0		57. 1	42. 9	63
Other Nursing Homes	4.5	Dressi ng	11. 1		63. 5	25. 4	63
Acute Care Hospitals	79. 5	Transferri ng	30. 2		39. 7	30. 2	63
Psych. HospMR/DD Facilities	1. 1	Toilet Use	28. 6		46. 0	25. 4	63
Rehabilitation Hospitals	1. 1	Eating	73. 0		15. 9	11. 1	63
Other Locations	3.4	***************	**********	******	********	*********	******
Total Number of Admissions	88	Conti nence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	4.8	Recei vi ng	Respiratory Care	4. 8
Private Home/No Home Health	0.0	0cc/Freq. Incontinent	t of Bladder	63. 5	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	41.3	0cc/Freq. Incontinent	t of Bowel	39. 7	Recei vi ng	Sucti oni ng	1.6
Other Nursing Homes	6. 7				Recei vi ng	Ostomy Care	3. 2
Acute Care Hospitals	9.6	Mobility			Recei vi ng	Tube Feedi ng	3. 2
Psych. HospMR/DD Facilities	1. 9	Physically Restrained	d	4.8	Recei vi ng	Mechanically Altered Diets	54. 0
Rehabilitation Hospitals	1.0						
Other Locations	2. 9	Skin Care			Other Reside	nt Characteristics	
Deaths	36. 5	With Pressure Sores		1.6	Have Advan	ce Directives	74. 6
Total Number of Discharges		With Rashes		1.6	Medi cati ons		
(Including Deaths)	104				Recei vi ng	Psychoactive Drugs	58. 7
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	0wn		Ownershi p:		Si ze:	Li ce	ensure:		
	Thi s	Prop	ori etary	100-	199	Ski l	lled	Al l	Į.
	Facility	Peer	Group	Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	67. 6	80. 4	0. 84	82.6	0. 82	84. 1	0.80	84. 5	0.80
Current Residents from In-County	85. 7	74. 2	1. 16	79. 7	1. 08	76. 2	1. 13	77. 5	1. 11
Admissions from In-County, Still Residing	17. 0	19. 0	0. 90	22. 3	0. 77	22. 2	0. 77	21.5	0. 79
Admissions/Average Daily Census	123. 9	135. 3	0. 92	126. 4	0. 98	112. 3	1. 10	124. 3	1.00
Discharges/Average Daily Census	146. 5	137. 7	1. 06	127. 9	1. 15	112.8	1.30	126. 1	1. 16
Discharges To Private Residence/Average Daily Census	60. 6	57. 0	1.06	52. 7	1. 15	44. 1	1. 37	49. 9	1. 21
Residents Receiving Skilled Care	88. 9	89. 4	0. 99	89. 2	1.00	89. 6	0.99	83. 3	1.07
Residents Aged 65 and Older	92. 1	95. 9	0. 96	95. 1	0. 97	94. 3	0.98	87. 7	1.05
Title 19 (Medicaid) Funded Residents	65. 1	71.6	0. 91	70. 7	0. 92	70. 1	0. 93	69. 0	0.94
Private Pay Funded Residents	22. 2	19. 0	1. 17	19. 5	1. 14	21. 4	1.04	22.6	0. 98
Developmentally Disabled Residents	3. 2	1. 2	2.61	0. 9	3. 62	0. 9	3. 46	7. 6	0. 42
Mentally Ill Residents	46. 0	35. 9	1. 28	36. 3	1. 27	39. 6	1. 16	33. 3	1. 38
General Medical Service Residents	25. 4	18. 2	1. 39	19. 1	1. 33	17. 0	1.49	18. 4	1.38
Impaired ADL (Mean)	49. 5	47. 3	1.05	48. 4	1.02	48. 2	1.03	49. 4	1.00
Psychological Problems	58. 7	45. 0	1. 31	49. 3	1. 19	50.8	1. 16	50. 1	1. 17
Nursing Care Required (Mean)	8. 7	6. 7	1. 30	6. 5	1. 33	6. 7	1. 30	7. 2	1. 22